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Bib Data Sheet

CONFIRMATION NO. 5861

SERIAL NUMBER 10/666,521	FILING DATE 09/22/2003 RULE	CLASS 280	GROUP ART UNIT 3616	ATTORNEY DOCKET NO. 076326-0267
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** CONTINUING DATA *****

None
JLF
JLF

** FOREIGN APPLICATIONS *****

GERMANY 102 44 866.3-42 09/23/2002

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/12/2003

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature _____ Initials JLF	GERMANY	9	18	2

ADDRESS

22428
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TITLE

Occupant protection device

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